

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 574981

FILING DATE

APPLICANT(S)

1-16-01

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1			51		51		51	
2		1		1			52		52		52		
3		1		1			53		53		53		
4		1		1			54		54		54		
5		1		1			55		55		55		
6		2		2			56		56		56		
7		1		2			57		57		57		
8		1		2			58		58		58		
9		1		2			59		59		59		
10		1		2			60		60		60		
11		1		2			61		61		61		
12		1		2			62		62		62		
13		1		2			63		63		63		
14		1		2			64		64		64		
15		1		2			65		65		65		
16		1		2			66		66		66		
17		1		2			67		67		67		
18							68		68		68		
19							69		69		69		
20							70		70		70		
21							71		71		71		
22							72		72		72		
23							73		73		73		
24							74		74		74		
25							75		75		75		
26							76		76		76		
27							77		77		77		
28							78		78		78		
29							79		79		79		
30							80		80		80		
31							81		81		81		
32							82		82		82		
33							83		83		83		
34							84		84		84		
35							85		85		85		
36							86		86		86		
37							87		87		87		
38							88		88		88		
39							89		89		89		
40							90		90		90		
41							91		91		91		
42							92		92		92		
43							93		93		93		
44							94		94		94		
45							95		95		95		
46							96		96		96		
47							97		97		97		
48							98		98		98		
49							99		99		99		
50							100		100		100		
TOTAL IND.	3		3		3								
TOTAL DEP.	15	←	13	←	13	←							
TOTAL CLAIMS	18		44		44								